Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Storage & Treatment Tanks

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Pumps									Ancillary Equipment Interior Sampling/Monitoring:
P-1300	3x2x5	200	45	Centrifugal	Process circulation/transfer			:	
P-1301	3x2x6	200	60	Centrifugal	Process transfer				Start Date:
P-1302	3x2x5	200	45		Process transfer				Start Time:
P-1302A	3x3	250	100	Air Diaphragm	Portable Transfer pump		***************************************		Lab Name:
Valves									Analytical Date:
	3"			Ball	Process/Transfer line				If Monitoring w/FID:
	3"			Butterfly	Pump suction/discharge				Start Date:
	2"			Ball	Process/Transfer line				Start Time:
	1"			Ball	Process/Transfer line				Record Readings:
	1/2"			Ball	Reagent Injection Line				
	3"			Gate	Block valve at tanks				Ancillary Equipment Release:
	3"				Process/transfer line				Date:
	3"			Swing Check	Pump discharge				Off-site Facility Name:
	2"				Process/Transfer line				Manifest/Bill of Lading:
	1"			Ball Check	Process/Transfer line				Shipping Date:
	1/2"			Ball Check	Reagent injection line				

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Storage & Treatment Tanks

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Flanges									Ancillary Equipment Interior Sampling/Monitoring:
	3"			Process	Process/transfer line connection		:		
	2"			Process	Process/transfer line connection	:			Start Date:
	4			Process	Process/transfer line connection				Start Time:
Pipeline									Lab Name:
	3"				Process/transfer line				Analytical Date:
	2"				Process/transfer line				If Monitoring w/FID:
	1"				Process/transfer line				Start Date:
Transfer Hose									Start Time:
	3"				Process transfer				Record Readings:
	2"			Petroleum	Process transfer				
Strainer			<u> </u>						Ancillary Equipment Release:
	8x32			Basket	Pump suction				Date:
									Off-site Facility Name:
	<u></u>	<u> </u>			<u> </u>	ļ		ļ	Manifest/Bill of Lading:
		T							Shipping Date:

ABRS

TANK/VES	DKE Form TVC-1				
INSTRUCTIONS: Con	mplete all sections,	print name, sig	n, and date - sub	mit to Oper	ations Supervisor
Supervisor:				1	
_	(print name)	_	(signature)		(date)
Employee:	(print name)	***	(signature)		(date)
Employees	(billis tresse)	1	(0.9.,2.0)	1	·/
Employee:	(print name)	<u> </u>	(signature)	<u> </u>	(date)
Employee:	(print name)	***	(signature)		(date)
Tank/Vessel Data/Service	ce:			 	
Tank/Vessel #:	<u>M</u>	-3			
Diameter (feet):		0			
Height (feet):		6			
Initial Capacity (gal):		808			
Primary Service:		ids			
Other Service:					
Tank Bottom Design:		lat / Dish one)			
Closure:		Rinsate Volume) :	Transfer/D	isposal Destination:
Date Emptied:		Gallons:			
				Tank #: _	
				Tank #: _ Vessel: _	
Date Emptied: Waste Volume: Liquid Gallons:		Date:	dy:	Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To:		Date: Chain of Custo Date:		Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To:		Date: Chain of Custo Date:	dy:	Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids:		Date: Chain of Custo Date:	dy:	Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To:		Date: Chain of Custo Date:	dy:	Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior San	mpling/Monitoring:	Date: Chain of Custo Date:	dy: onitoring w/FID:	Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior San Date:	mpling/Monitoring:	Date: Chain of Custo Date:	dy: onitoring w/FID: Date:	Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vesset Interior Sate: Date: Time:	mpling/Monitoring:	Date: Chain of Custo Date: If Mo	dy: onitoring w/FID: Date: Time:	Tank #:	
Date Emptied:	mpling/Monitoring:	Date:	dy: onitoring w/FID: Date:	Tank #:	
Date Emptied:	mpling/Monitoring:	Date:	dy: onitoring w/FID: Date: Time:	Tank #:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sale Date: Time: Lab Name: Analytical Date: Tank/Vessel Release:	mpling/Monitoring:	Date:	dy: pnitoring w/FID: Date: Time: Record Readings:	Tank #:	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sate: Time: Lab Name: Analytical Date: Tank/Vessel Release: Off-site Facility	mpling/Monitoring: Date:	Date:	dy: pnitoring w/FID: Date: Time: Record Readings:	Tank #:	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sate: Time: Lab Name: Analytical Date: Tank/Vessel Release: Off-site Facility	mpling/Monitoring:	Date:	dy: pnitoring w/FID: Date: Time: Record Readings:	Tank #:	

^{**}Attach Photos

TANK/VES	DKE F	DKE Form TVC-1		
INSTRUCTIONS: Co	mplete all sections, print na	me, sign, and date - su	omit to Opera	itions Supervisor
Supervisor:	<u> </u>			
-	(print name)	(signature)		(date)
Employee:	(print name)	(signature)		(date)
Employee:	(Account)	, , , , , , , , , , , , , , , , , , ,	1	(,
	(print name)	(signature)		(date)
Employee:	(print name)	(signature)	ASSESSMENT	(date)
Tank/Vessel Data/Servi	ice:			
Tank/Vessel #:	M-4			
Diameter (feet):				
Height (feet):				
Initial Capacity (gal):				
Primary Service:				
Other Service:				
Tank Bottom Design:	Cone / Flat / D (circ le o ne))ish		
Closure:	Rinsate	Volume:	Transfer/Dis	sposal Destination:
Date Emptied:	Gallon	s:	_ Date: _	
		e:	Tank #:	
Waste Volume:			Vessel:_	
Liquid Gallons:	Chain of	Custody:	Facility:	
То:	Date);' <u> </u>		<u></u>
			····	<u>, , , , , , , , , , , , , , , , , , , </u>
Tank/Vessel Interior Sa	ampling/Monitoring:	If Monitoring w/FID:		
		 -		
		Record Readings		
			· ——	
Tank/Vessel Release:				
نند سنو را معیدس	Date:			
Off cita Faaili				
	ity Name:			
Manifest/Bill o				

^{**}Attach Photos

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor Supervisor: (date) (signature) (print name) Employee: (print name) (signature) (date) Employee: (print name) (signature) (date) Employee: (signature) (print name) (date) Tank/Vessel Data/Service: Tank/Vessel #: M-5 8 Diameter (feet): 15 Height (feet): Initial Capacity (gal): 5,261 Primary Service: Acids Other Service: Cone /(Flat)/ Dish Tank Bottom Design: (circle one) Transfer/Disposal Destination: Rinsate Volume: Closure: Date: Gallons: Date Emptied: Tank #: _____ Date: Vessel: _____ Waste Volume: Facility: Liquid Gallons: _____Chain of Custody: То:_____ Date: Solids: To: _____ If Monitoring w/FID: Tank/Vessel Interior Sampling/Monitoring: Date: _____ Date: _____ Time: Time: Record Readings: Lab Name: Analytical Date: Tank/Vessel Release: Date: Off-site Facility Name: Manifest/Bill of Lading: Shipping Date:

TANK/VESSEL CLOSURE PROCEDURE

**Attach Photos

INSTRUCTIONS: Compl	ete all sections, print name, sign, ar	nd date - sub	mit to Opera	ations Supervisor
Supervisor:	I		1	
	(print name)	(signature)		(date)
Employee:	(print name)	(signature)		(date)
	(prateriame)	(Signature)	1	(date)
Employee:	(print name)	(signature)		(date)
Employee:	1		1	
	(prínt name)	(signature)		(date)
Tank/Vessel Data/Service:				
Tank/Vessel #:	M-6			
Diameter (feet):	9	_		
Height (feet):	6	_		
Initial Capacity (gal):	3,876			
Primary Service:	Acids	_		
Other Service:		_		
Tank Bottom Design:	Cone / Flat / (Dish (circle one)			
Closure:	Rinsate Volume:		Transfer/Di	isposal Destination:
Date Emptied:	Gallons:		Date: _	
	Date:			
Waste Volume:				
Liquid Gallons:				
To:	Date:		_	
Solids:			_	
То:				
Tank/Vessel Interior Samp	ling/Monitoring: If Monito	oring w/FID:		
Date:		Date:	<u> </u>	
		Time:		***************************************
	Reco	ord Readings:		
Analytical Date:				
Tank/Vessel Release:				
	Date:			
	Name:			
	ading:			
Shipping	Date:			

TANK/VESSEL CLOSURE PROCEDURE

**Attach Photos

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Acid Bulk Receiving & Storage Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Туре	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Pumps									Ancillary Equipment Interior Sampling/Monitoring:
P-1400	2x2	150	100	Air Diaphragm	Tanks Circulation/transfer pump				
P-1401	2x2	150	100	Air Diaphragm	Tanks Circulation/transfer pump		1		Start Date:
Valves									Start Time:
	3"			Ball	Tanks isolation/block valves				Lab Name:
	3"			Butterfly	Transfer line block valves				Analytical Date:
	2"			Ball	Process line block valves				If Monitoring w/FID:
	2"			Butterfly	Transfer pump discharge block valve				Start Date:
	34"			Ball	Sample point				Start Time:
	1/2"			Ball	Sample point drain valve				Record Readings:
	3"			Ball Check	Transfer line				Control Control of Con
	3"			Swing Check	Transfer line				Ancillary Equipment Release:
	2"		1 3	Ball Check	Process line				Date:
	2"			Swing Check	Transfer pump discharge				Off-site Facility Name: Manifest/Bill of Lading:
Flanges									Manifest/Bill of Lading:
	3"				Process transfer line connection				Shipping Date:
	2"				Process transfer line connection				

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Acid Bulk Receiving & Storage Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Туре	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Pipeline									Ancillary Equipment Interior Sampling/Monitoring:
	3"				Process transfer line				
	2"				Process transfer line				Start Date:
Hoses									Start Time:
	3*			Chemical	Load/unload/transfe r				Lab Name:
	2"			Chemical	Load/unload/transfe r				Analytical Date:
Strainer	8x32			Basket	Pump Suction				If Monitoring w/FID: Start Date: Start Time: Record Readings:
******									Ancillary Equipment Release: Date: Off-site Facility Name: Manifest/Bill of Lading: Shipping Date:

CSUW

TANK/VE	DKE Form TVC-1			
INSTRUCTIONS: Co	omplete all sections, print name	e, sign, and date - sub	mit to Opera	ations Supervisor
Supervisor:	(print name)	(signature)		(date)
Employee:	" '	<u></u>	<u> </u>	
· · ·	(print name)	(signature)		(date)
Employee:	(print name)	(signature)		(date)
Employee:	(print name)	(signature)	L	(date)
Tank/Vessel Data/Serv	rice:		 	
	Container Storage Unit W	est		
•••	n/a			
	n/a			
Initial Capacity (gal): _				
Other Service:				
Tank Bottom Design:	Cone / Flat / Dis (circle one)	h		
Closure:	Rinsate V	olume:	Transfer/Di	sposal Destination:
VIVJUI VI	Tinipate V	J. G. 11101		-1
Date Emptied:				•
	Gallons:		Date: _	
	Gallons:		Date: _ Tank #: _	
Date Emptied:	Gallons:		Date: _ Tank #: _ Vessel: _	
Date Emptied:	Gallons: Date: Chain of C		Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: _ To: _	Gallons: Date: Chain of C	Custody:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: _ To: _	Gallons: Date: Chain of C	Custody:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied:	Gallons: Date: Chain of C	Custody:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied:	Gallons: Date: Chain of C Date:	Custody:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied:	Gallons: Date: Chain of C Date:	Custody: If Monitoring w/FID: Date:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied:	Gallons: Date: Chain of C Date:	Custody: If Monitoring w/FID: Date:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied:	Gallons: Date: Chain of C Date:	Custody: If Monitoring w/FID: Date: Time:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied:	Gallons: Date: Chain of C Date: Sampling/Monitoring:	Custody: If Monitoring w/FID: Date: Time: Record Readings:	Date: _ Tank #: _ Vessel: _ Facility: _	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior S Date: Time: Lab Name: Analytical Date: Tank/Vessel Release:	Gallons: Date: Chain of C Date: Date: Date:	If Monitoring w/FID: Date: Time: Record Readings:	Date: _ Tank #: _ Vessel: _ Facility: _	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior S Date: Time: Lab Name: Analytical Date: Tank/Vessel Release: Off-site Face	Gallons: Date: Chain of C Date: Date: Date: Date: Date:	Custody: If Monitoring w/FID: Date: Time: Record Readings:	Date: _ Tank #: _ Vessel: _ Facility: _	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior S Date: Time: Lab Name: Analytical Date: Tank/Vessel Release: Off-site Fact Manifest/Bill	Gallons: Date: Chain of C Date: Date: Date:	Custody: If Monitoring w/FID: Date: Time: Record Readings:	Date: _ Tank #: _ Vessel: _ Facility: _	

^{**}Attach Photos

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Container Storage Unit West

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Pumps									Ancillary Equipment Interior Sampling/Monitoring:
P-1400	2x2	150	100	Air Diaphragm	Transfer pump				
P-1401	2x2	150	100	Air Diaphragm	Transfer pump				Start Date:
Valves									Start Time:
	3"			Ball	Tanks isolation/block valves				Lab Name:
	3"			Butterfly	Transfer line block valves				Analytical Date:
·	2"			Ball	Process line block valves				If Monitoring w/FID:
	2"			Butterfly	Transfer pump discharge block valvd				Start Date:
	3/4"			Ball	Sample point				Start Time:
	1/2"			Ball	Sample point drain valve				Record Readings:
	3"			Ball Check	Transfer line				
	3"			Swing Check	Transfer line				Ancillary Equipment Release:
	2"			Ball Check	Process line				Date:
	2"			Swing Check	Transfer pump discharge				Off-site Facility Name:
									Manifest/Bill of Lading: Shipping Date:

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Container Storage Unit West

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Flanges					<u></u>				Ancillary Equipment Interior Sampling/Monitoring:
	3"				Process transfer line connection				
	2"				Process transfer line connection				Start Date:
Pipeline									Start Time:
	3"				Process transfer line				Lab Name:
	2"				Process transfer line				Analytical Date:
Hoses									If Monitoring w/FID:
	3"			Chemical	Load/unload/transfe r				Start Date:
	2"			Chemical	Load/unload/transfe				Start Time:
Strainer									Record Readings:
	8x32			Basket	Pump Suction Strainer				
									Ancillary Equipment Release:
		***************************************							Date:
									Off-site Facility Name:
									Iwariiest/Bill of Lading:
									Shipping Date:

CSSU

TANK/VE	DKE Form TVC-1			
INSTRUCTIONS: Co	omplete all sections, print nan	ne, sign, and date - sub	mit to Opera	ations Supervisor
Supervisor:	(print name)	(signature)		(date)
Employee:	(print name)	(signature)		(date)
Employee:	(print name)	(signature)		(date)
Employee: _	(print name)	(signature)	<u> </u>	(date)
Tank/Vessel Data/Serv	ice:			
Tank/Vessel #:				
Diameter (feet):				
_	n/a(act 0')			
Initial Capacity (gal):				
Primary Service:				
Other Service:				
Tank Bottom Design:		sh		
		. 1	T (5)	·
Closure:	Rinsate \	/olume:	i ranster/Di	isposai Destination:
Closure: Date Emptied:	Rinsate \ Gallons			isposal Destination:
Closure: Date Emptied:	Gallons		Date: _	
Date Emptied: _	Gallons		Date: _ Tank #: _	
Date Emptied: _ Waste Volume:	Gallons Date	S:	Date: _ Tank #: _ Vessel: _	
Date Emptied: _ Waste Volume: Liquid Gallons: _	Gallons Date Chain of		Date: _ Tank #: _ Vessel: _	
Date Emptied: _ Waste Volume: Liquid Gallons: _ To: _	Gallons Date Chain of Date	Custody:	Date: _ Tank #: _ Vessel: _	
Date Emptied: _ Waste Volume: Liquid Gallons: _ To: _	Gallons Date	Custody:	Date: _ Tank #: _ Vessel: _	
Date Emptied: _ Waste Volume: Liquid Gallons: _ To: _ Solids: _ To: _	Gallons Date	Custody:	Date: _ Tank #: _ Vessel: _	
Date Emptied: _ Waste Volume: Liquid Gallons: _	Gallons Date Chain of Date ampling/Monitoring:	Custody:	Date: _ Tank #: _ Vessel: _ Facility: _ -	
Date Emptied: _ Waste Volume: Liquid Gallons: _	Gallons Date Chain of Date ampling/Monitoring:	Custody: : If Monitoring w/FID: Date:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: _ Waste Volume: Liquid Gallons: _	Gallons Date Chain of Date ampling/Monitoring:	Custody: If Monitoring w/FID: Date: Time:	Date: _ Tank #: _ Vessel: _ Facility:	
Date Emptied: _ Waste Volume: Liquid Gallons: _	Gallons Date Chain of Date ampling/Monitoring:	Custody: : If Monitoring w/FID: Date:	Date: _ Tank #: _ Vessel: _ Facility:	
Date Emptied: _ Waste Volume: Liquid Gallons: _ To: _ Solids: _ To: _ Tank/Vessel Interior S Date: _ Time: _ Lab Name: _	Gallons Date Chain of Date ampling/Monitoring:	Custody: If Monitoring w/FID: Date: Time:	Date: _ Tank #: _ Vessel: _ Facility:	
Date Emptied: _ Waste Volume: Liquid Gallons: _ To: _ Solids: _ To: _ Tank/Vessel Interior S Date: _ Time: _ Lab Name: _	Chain of Date	Custody: : If Monitoring w/FID:	Date: _ Tank #: _ Vessel: _ Facility:	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior S Date: Time: Lab Name: Analytical Date: Tank/Vessel Release:	Chain of Date ampling/Monitoring: Date:	Custody: : If Monitoring w/FID:	Date: _ Tank #: _ Vessel: _ Facility:	
Date Emptied: Waste Volume: Liquid Gallons: _ To: _ Solids: _ To: _ Tank/Vessel Interior S Date: _ Time: _ Lab Name: _ Analytical Date: _ Tank/Vessel Release: Off-site Faci	Chain of Date ampling/Monitoring: Date: [ity Name:	Custody: : If Monitoring w/FID:	Date: _ Tank #: _ Vessel: _ Facility:	
Date Emptied: _ Waste Volume: Liquid Gallons: _	Chain of Date ampling/Monitoring: Date:	Custody: : If Monitoring w/FID:	Date: _ Tank #: _ Vessel: _ Facility:	

^{**}Attach Photos

TANK/VE	DKE F	DKE Form TVC-1			
INSTRUCTIONS: Co	omplete all sections,	print name, sign,	and date - sub	omit to Operat	ions Supervisor
Supervisor:					
·	(print name)		(signature)		(date)
Employee: _	(print name)		(signature)		(date)
	(pint name)	1	(signature)	I	(σαιο)
Employee: _	(print name)		(signature)		(date)
Employee:	,	1	, -	I	
Employee	(print name)		(signature)		(date)
Tank/Vessel Data/Serv	rice:				
Tank/Vessel #:		601			
		a			
Height (feet):	n/	a			
Initial Capacity (gal):		Yd.			
Primary Service:		Mixer			
Other Service:					
Tank Bottom Design:	Cone / F	lat / Dish one)			
Closure:		Rinsate Volume:		Transfer/Dis	oosal Destination
Date Emptied:	····	Gallons:			
		Date:		. Tank #:	
Waste Volume:				Vessel:	
Liquid Gallons:		Chain of Custody	y:	Facility:	
То: _		Date:		-	
Solids: _					
To: _					
Tank/Vessel Interior S	ampling/Monitoring:	If Mon	nitoring w/FID:		
			-		
			ecord Readings:		
		•			
Tank/Vessel Release:					
	Date:				
Off-site Faci	lity Name:				

Manifest/Bill of Lading:

Shipping Date:

^{**}Attach Photos

TANK/VESSEL CLOSURE PROCEDURE **DKE Form TVC-1** INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor Supervisor: (signature) (date) (print name) Employee: (date) (print name) (signature) Employee: (date) (print name) (signature) Employee: (date) (print name) (signature) Tank/Vessel Data/Service: Tank/Vessel #: _____ S-600 Diameter (feet): ______9 Height (feet): 20 Initial Capacity (gal): 9,512 Primary Service: Reagent Powder Other Service: _____ Cone / Flat / Dish Tank Bottom Design: (circle one) Rinsate Volume: Transfer/Disposal Destination: Closure: Gallons: Date Emptied: Tank #:_____ Date: Vessel: Waste Volume: Liquid Gallons: _____Chain of Custody: Facility: То: Date: Solids: To:____ If Monitoring w/FID: Tank/Vessel Interior Sampling/Monitoring: Date: Date: Time: Time: _____ Record Readings: Lab Name: _______ Analytical Date: Tank/Vessel Release: Date: Off-site Facility Name:

Manifest/Bill of Lading:

Shipping Date:

^{**}Attach Photos

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Consolidation of Solids & Sludges Unitt

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Туре	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Pumps									Ancillary Equipment Interior Sampling/Monitoring:
Valves							***************************************		Start Date: Start Time: Lab Name: Analytical Date:
Flanges									If Monitoring w/FID:
									Start Date:
Pipeline									Start Time: Record Readings:
Hoses									Ancillary Equipment Release: Date:
110363									Off-site Facility Name: Manifest/Bill of Lading:
Strainer									Shipping Date:

BSSU

INSTRUCTIONS: Co	omplete all sections	, print name, s	ign, and	date - subn	nit to Oper	ations S	Supervisor
Supervisor:		#					(data)
	(print name)			(signature)	ī		(date)
Employee:	(print name)		<u>.</u>	(signature)		······································	(date)
Employee:	,	1			1		
	(print name)	I		(signature)		***************************************	(date)
Employee: _	(print name)			(signature)			(date)
······································		······································	·	(signature)	=		
Tank/Vessel Data/Serv		/D = 9 = =\					
Tank/Vessel #: _		(Railcar)					
		/a					
		1/a 2 ud ³					
Initial Capacity (gal):		tainer					
Primary Service: _ Other Service:		laniei					
Tank Bottom Design:							
raint bottom boolgin		le one)					
Closure:		Rinsate Volu	me:		Transfer/D	isposal	Destination:
Date Emptied: _		Gallons:					
		Date:					
Waste Volume:							
			-		Facility: _		
					-		
					_		
To: _		_					
Tank/Vessel Interior S		ı. If	Monitorir	a w/FID:		<u></u>	**************************************
	amping/wormorning	•		_			
			Record	Readings:			
				~			
Tank/Vessel Release:						<u>.</u>	
	Date:						
Off-site Fac	ility Name:						
	of Lading:						
	pping Date:						

TANK/VESSEL CLOSURE PROCEDURE

^{**}Attach Photos

INSTRUCTIONS: Co	mplete all sections, print r	name, sign, an	d date - sub	mit to Oper	ations Supervisor
Supervisor:		İ		1	
<u></u>	(print name)	······································	(signature)		(date)
Employee:	(print name)		(signature)		(date)
Employees	(рин наше)	1	(orginataro)	1	(auto)
Employee:	(print name)		(signature)		(date)
Employee:	(print name)		(signature)		(date)
			(Signature)		(date)
Tank/Vessel Data/Servi					
Tank/Vessel #:			···		
Diameter (feet):			_		
			-		
Initial Capacity (gal):	····		-		
Primary Service: Other Service:			-		
Tank Bottom Design:	Cone / Flat / (circle one)	Dish	_		
Closure:	Rinsa	te Volume:		Transfer/D	isposal Destination:
Date Emptied:		ons:		Date: _	
, , , , , , , , , , , , , , , , , , ,		ate:		Tank #:_	
Waste Volume:				Vessel:_	
Liquid Gallons:	Chain	of Custody:			
To:	D	ate:		•	
Solids:				-	
To:					
Tank/Vessel Interior Sa	mpling/Monitoring:	If Monitor	ing w/FID:		<u> </u>
Date:			Date:	<u></u>	
			Time:		
		Recor	d Readings:		
Tank/Vessel Release:					
	Date:				
	ity Name:		<u>,, </u>	<u> </u>	
Manifest/Bill o	of Lading:				
Shipp	ing Date:				

TANK/VESSEL CLOSURE PROCEDURE

**Attach Photos

TANK/VESS	EL CLOSURE PROCEI	DURE	DKE Fo	rm TVC-1
INSTRUCTIONS: Comp	olete all sections, print name, sig	ın, and date - sub	mit to Operati	ons Supervisor
Supervisor:				
	(print name)	(signature)	_	(date)
Employee:	(print name)	(signature)		(date)
	(print name)	(Signature)	ì	(dato)
Employee:	(print name)	(signature)	ii	(date)
Employee:	1	·	ı	
	(print name)	(signature)	<u> </u>	(date)
Tank/Vessel Data/Service				
Tank/Vessel #:	Portable Hopper			
Diameter (feet):	n/a			
Height (feet):				
Initial Capacity (gal):	1.5 yd ³			
Primary Service:	Container			
Other Service:		·····		
Tank Bottom Design:	Cone / Flat / Dish (circle one)			
Closure:	Rinsate Volum	e:	Transfer/Disp	osal Destination
Date Emptied:	Gallons:		. Date:	
	Date:			
Waste Volume:				
Liquid Gallons:	Chain of Custo			
To:	Date:			
Solids:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
To:				
Tank/Vessel Interior Sam	pling/Monitoring: If M	onitoring w/FID:		
		-		
		Time:		
		Record Readings:		
Analytical Date:				-
Tank/Vessel Release:	Date:			

Off-site Facility Name:

Manifest/Bill of Lading:

Shipping Date:

^{**}Attach Photos

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor Supervisor: (signature) (date) (print name) Employee: (print name) (signature) (date) Employee: (date) (print name) (signature) Employee: (date) (print name) (signature) Tank/Vessel Data/Service: Tank/Vessel #: Roll-off Bin n/a Diameter (feet): n/a Height (feet): 20 yd³ Initial Capacity (gal): Primary Service: Container Other Service: Cone / Flat / Dish Tank Bottom Design: (circle one) Transfer/Disposal Destination: Rinsate Volume: Closure: Date: ____ Date Emptied: Gallons: Tank #: _____ Date: Waste Volume: Liquid Gallons: Chain of Custody: Facility: _____ To: _____ Date: _____ Solids: Tank/Vessel Interior Sampling/Monitoring: If Monitoring w/FID: Date: _____ Date: Time: _____ Time: _____ Record Readings: Lab Name: ____ Analytical Date: Tank/Vessel Release: Date: _____ Off-site Facility Name: Manifest/Bill of Lading: _____ Shipping Date:

TANK/VESSEL CLOSURE PROCEDURE

^{**}Attach Photos

TANK/VE	ESSEL CLOS	URE PROCEDUR	E	DKE F	Form TVC-1
INSTRUCTIONS: C	Complete all sectio	ons, print name, sign, an	nd date - sub	mit to Opera	ations Supervisor
Supervisor:					
	(print nar	me) *	(signature)	1	(date)
Employee:	(print nar	me)	(signature)		(date)
Employee:				1	
, ,	(print nar	me)	(signature)		(date)
Employee:	(print nar	me)	(signature)		(date)
Tank/Vessel Data/Ser	rvice:		· · · · · · · · · · · · · · · · · · ·		
Tank/Vessel #:	Ro	oll-off Bin	_		
Diameter (feet):		n/a	_		
Height (feet):			_		
Initial Capacity (gal):		30 yd ³			
Primary Service:	C	Container			
Other Service:					
Tank Bottom Design:		Flat / Dish circle one)			
Closure:		Rinsate Volume:		Transfer/Di	sposal Destination:
Closure:					
				Tank #:	
		Gallons:		Tank #: Vessel:	
Date Emptied: Waste Volume: Liquid Gallons:		Gallons: Date: Chain of Custody:		Tank #: Vessel:	
Date Emptied: Waste Volume: Liquid Gallons: To:		Gallons: Date: Chain of Custody: Date:		Tank #: Vessel:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids:		Gallons: Date: Chain of Custody: Date:		Tank #: Vessel:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids:		Gallons: Date: Chain of Custody: Date:		Tank #: Vessel:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To:		Gallons: Date: Chain of Custody: Date:		Tank #: Vessel:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior S	Sampling/Monitori	Gallons: Date: Chain of Custody: Date: If Monito	ring w/FID:	Tank #: Vessel: Facility:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Solids: Date:	Sampling/Monitori	Gallons: Date: Chain of Custody: Date: Ing: If Monito	ring w/FID: Date:	Tank #: Vessel: Facility:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Solute: Time:	Sampling/Monitori	Gallons: Date: Chain of Custody: Date: Ing: If Monito	ring w/FID: Date: Time:	Tank #: Vessel: Facility:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Solids: Date: Time: Lab Name:	Sampling/Monitori	Gallons: Date: Chain of Custody: Date: Ing: If Monito	ring w/FID: Date:	Tank #: Vessel: Facility:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Solids: Date: Time: Lab Name:	Sampling/Monitori	Gallons: Date: Chain of Custody: Date: Ing: If Monito	ring w/FID: Date: Time:	Tank #: Vessel: Facility:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Solids: Time: Lab Name: Analytical Date: Tank/Vessel Release	Sampling/Monitori	Gallons: Date: Chain of Custody: Date: Ing: If Monito	ring w/FID: Date: Time: rd Readings:	Tank #: Vessel: Facility:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Solids: Time: Lab Name: Analytical Date: Tank/Vessel Release Off-site Face	Sampling/Monitori Date:	Gallons: Date: Chain of Custody: Date: Ing: If Monito	ring w/FID: Date: Time: rd Readings:	Tank #: Vessel: Facility:	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Solids: Time: Lab Name: Analytical Date: Tank/Vessel Release Off-site Factor Manifest/Bill	Sampling/Monitori	Gallons: Date: Chain of Custody: Date: Ing: Recor	ring w/FID: Date: Time: rd Readings:	Tank #: Vessel: Facility:	

**Attach Photos

TANK/VES	SSEL CLOSURE PRO	CEDURE	DKE Form TVC-1		
INSTRUCTIONS: Co.	mplete all sections, print name	e, sign, and date - sub	mit to Operati	ons Supervisor	
Supervisor:		 			
	(print name)	(signature)		(date)	
Employee:				7.1.2.2	
	(print name)	(signature)	ı	(date)	
Employee:	(print name)	(signature)		(date)	
Employee:	(,	ĺ		
Employee.	(print name)	(signature)		(date)	
Tank/Vessel Data/Servi	ce:				
Tank/Vessel #:	Roll-off Bin				
Diameter (feet):	n/a				
Height (feet):	n/a				
Initial Capacity (gal):	40 yd ³	<u></u>			
Primary Service:	Container				
Other Service:		······			
Tank Bottom Design:	Cone / Flat / Dis (circle one)	sh			
Closure:	Rinsate V	olume:	Transfer/Disp	osal Destination:	
Date Emptied:					
	Date:		Tank #:		
Waste Volume:					
Liquid Gallons:	Chain of C				
To:	Date:				
Solids:			·		
To:					
Tank/Vessel Interior Sa	ampling/Monitoring:	If Monitoring w/FID:			
		Date:			
		Record Readings:			
Tank/Vessel Release:					
	Date:				

Off-site Facility Name:

Manifest/Bill of Lading: ________Shipping Date: ______

^{**}Attach Photos

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Bulk Solids & Sludges Unitt

Equipment Roll-off Bins	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	Ancillary Equipment Interior Sampling/Monitoring:
	20 yd ³			Container	Bulk Solid				- montary adarpment interior camping, monitoring.
	30 yd ³			Container	Bulk Solid				Start Date:
	40 yd ³			Container	Bulk Solid		-		Start Time:
Portable Hopp	er	***************************************		- "			<u> </u>		Lab Name:
	2 yd ³			Container	Bulk Solid		*		Analytical Date:
	1.5 yd ³			Container	Bulk Solid		7		If Monitoring w/FID:
Gondola (Railc	ar)						-		Start Date:
	100 yd ³			Container	Bulk Solid				Start Time: Record Readings:
									Ancillary Equipment Release: Date: Off-site Facility Name: Manifest/Bill of Lading: Shipping Date:

RLUU

INSTRUCTIONS: Co.	ոplete all sections, թւ	int name, sign, an	nd date - sub	mit to Opera	ations Supervisor
Supervisor:		Ī		ı	
Capervisor.	(print name)		(signature)		(date)
Employee:					/doto)
	(print name)	•	(signature)	1	(date)
Employee:	(print name)		(signature)		(date)
Employees	(1-7)	ŀ	, -		
Employee:	(print name)		(signature)		(date)
Tank/Vessel Data/Servi	ce:				
	Railcar Loading & U	Jnloading Unit	<u></u>		
Diameter (feet):			<u> </u>		
Height (feet):					
Initial Capacity (gal):	4		_		
Primary Service:	n/a		_		
Other Service:			_		
Tank Bottom Design:	Cone / Flat (circle o				
Closure:	R	insate Volume:		Transfer/D	isposal Destination:
Date Emptied:		Gallons:			
		Date:			
Waste Volume:					
· · · · · · · · · · · · · · · · · · ·	***************************************	hain of Custody:		·-	
		Date:	<u></u> .		

То:	<u></u>				
Tank/Vessel Interior Sa	mpling/Monitoring:	If Monito	oring w/FID:	<u> </u>	
			Date:		
			Time:		
		Reco	ord Readings:		
Tank/Vessel Release:					
	Date:				
Off-site Facil	ity Name:		<u></u>		
Manifest/Bill	of Lading:				
Shipp	oing Date:				

TANK/VESSEL CLOSURE PROCEDURE

^{**}Attach Photos

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Railcar Loading & Unloading Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Pumps	ļ <u></u>	000		<u> </u>	5 "				Ancillary Equipment Interior Sampling/Monitoring:
P-1600	4"	300	50	Diesei Gear	Railcar load/unload pump				
P-1601	3x3	250	100	Air Diaphragm	Portable Transfer pump				Start Date:
Valves				<u>-</u>	1	ì			Start Time:
	3"			Butterfly	P-1600 Suction &				Lab Name:
	3"			Butterfly	Transfer line block valve				Analytical Date:
	3"			Ball	Transfer line block valve		***************************************		If Monitoring w/FID:
	3"			Swing	Transfer line				Start Date:
Flanges									Start Time:
	3"			150#	Transfer line connections				Record Readings:
Hoses	—						***************************************		<u> </u>
······	3"			Petroleum	Liquid transfer				Ancillary Equipment Release:
Pipeline				<u> </u>					Date:
*	3"			ASTM A53	Transfer line				Off-site Facility Name:
	3"				Transfer line				Manifest/Bill of Lading:
									Shipping Date:
		<u> </u>	<u></u>	<u> </u>	<u></u>				

VAPOR RECOVERY

TANK/VES	DKE Form TVC-1				
INSTRUCTIONS: Com	nplete all sections,	print name, sig	n, and date - sub	mit to Opera	ntions Supervisor
Supervisor:	(print name)		(signature)		(date)
Employee:	(print name)		(signature)		(date)
Fundayası	(para name)	I	(Signature)	1	(2012)
Employee:	(print name)		(signature)		(date)
Employee:	(print name)		(signature)		(date)
Tank/Vessel Data/Service	:e:				
Tank/Vessel #:	C-7	710			
Diameter (feet):		.3			
Height (feet):		.7			
Initial Capacity (gal):		.7			
Primary Service:	Inorganic	Scrubber			
Other Service:					
Tank Bottom Design:		iat / Dish e one)			
Closure:		Rinsate Volume	e:		sposal Destination:
Date Emptied:		Gallons:			
		Date:			
Waste Volume:					
		Chain of Custo			
				_	
		•			
To:		-			
Tank/Vessel Interior Sar	mpling/Monitoring	: If Mo	onitoring w/FID:		
Date:		•			
		∞			
			Record Readings:		
		~			
		-			
Analytical Date: Tank/Vessel Release:	Date:				
Analytical Date:	Date:				
Analytical Date: Tank/Vessel Release: Off-site Facilit Manifest/Bill of	Date:				

^{**}Attach Photos

TANK/VESSEL CLOSURE PROCEDURE

DKE Form TVC-1

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor Supervisor: (signature) (date) (print name) Employee: (date) (print name) (signature) Employee: (date) (signature) (print name) Employee: (date) (signature) (print name) Tank/Vessel Data/Service: Tank/Vessel #: D-706 Diameter (feet): 4 Height (feet): Initial Capacity (gal): ____ 150 Primary Service: Caustic Recirculation/Bleed Drum Other Service: Cone / Flat / Dish Tank Bottom Design: (circle one) Transfer/Disposal Destination: Rinsate Volume: Closure: Date: Date Emptied: Gallons: Tank #: Date: Vessel: **Waste Volume:** Facility: Liquid Gallons: _____ Chain of Custody: Date: То: Solids: Tank/Vessel Interior Sampling/Monitoring: If Monitoring w/FID: Date: Date: Time: _____ Time: Lab Name: Record Readings: Analytical Date: Tank/Vessel Release: Date: Off-site Facility Name: Manifest/Bill of Lading: Shipping Date:

^{**}Attach Photos

TANK/VES	E	DKE Form TVC-1			
INSTRUCTIONS: Co	mplete all sections, pri	nt name, sign, an	d date - sub	mit to Opera	ntions Supervisor
Supervisor:	(print name)		(signature)		(date)
Employee:			, -		,
	(print name)		(signature)		(date)
Employee:	(print name)		(signature)	<u> </u>	(date)
Employee:	(print name)	<u> </u>	(signature)		(date)
Tank/Vessel Data/Servi	ice:				
Tank/Vessel #:	D-708		_		
Diameter (feet):			_		
Height (feet):			_		
Initial Capacity (gal):			_		
Primary Service:	Caustic for C	C-710			
Other Service:			•••		
Tank Bottom Design:	Cone / Flat (circle one				
Closure:	Rir	nsate Volume:		Transfer/Di	sposal Destination:
Data Emptiods	(Gallons:		Date:	
Date Emptied:					
Date Emplied.		Date:		Tank #:	
Waste Volume:				Tank #:	
Waste Volume:				Tank #: _ Vessel: _	
Waste Volume: Liquid Gallons:		Date:		Tank #: _ Vessel: _	
Waste Volume: Liquid Gallons: _ To: _	Ch	Date:ain of Custody:		Tank #: _ Vessel: _	
Waste Volume: Liquid Gallons: _ To: _	Ch	Date:ain of Custody:		Tank #: _ Vessel: _	
Waste Volume: Liquid Gallons: _ To: _ Solids: _ To: _	Ch	Date:		Tank #: _ Vessel: _	
Waste Volume: Liquid Gallons: To: Solids: To: To:	Ch	Date:	ring w/FID:	Tank #: Vessel: Facility:	
Waste Volume: Liquid Gallons: _	Ch	Date:	r ing w/FID: Date:	Tank #: Vessel: _ Facility:	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time:	Ch	Date:	r ing w/FID: Date:	Tank #:	
Waste Volume: Liquid Gallons: To: Solids: To: To: To: Lab Name:	Ch	Date:	r ing w/FID: Date: Time:	Tank #:	
Waste Volume: Liquid Gallons: To: Solids: To: To: To: Lab Name:	ampling/Monitoring:	Date:ain of Custody: Date: If Monitor	r ing w/FID: Date: Time:	Tank #:	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time: Lab Name: Analytical Date: Tank/Vessel Release:	Ch ampling/Monitoring:	Date:	ring w/FID: Date: Time: rd Readings:	Tank #:	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time: Lab Name: Analytical Date: Tank/Vessel Release: Off-site Facil	Champling/Monitoring:	Date:	ring w/FID: Date: Time: rd Readings:	Tank #:	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time: Lab Name: Analytical Date: Tank/Vessel Release: Off-site Facil Manifest/Bill of	Ch ampling/Monitoring:	Date:	ring w/FID: Date: Time: rd Readings:	Tank #:	

^{**}Attach Photos

TANK/VESSEL CLOSURE PROCEDURE **DKE Form TVC-1** INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor Supervisor: (print name) (signature) (date) Employee: (date) (signature) (print name) Employee: (signature) (date) (print name) Employee: (date) (signature) (print name) Tank/Vessel Data/Service: Tank/Vessel #: TOX-700 n/a Diameter (feet): n/a Height (feet): Initial Capacity (gal): 1.0 mmbtu/hr. Primary Service: ____ Thermal Oxidizer Other Service: Cone / Flat / Dish Tank Bottom Design: (circle one) Transfer/Disposal Destination: Rinsate Volume: Closure: Date Emptied: Gallons: Tank #:_____ Date: Vessel: **Waste Volume:** Facility: Liquid Gallons: _____ Chain of Custody: Date: To: _____ Solids: If Monitoring w/FID: Tank/Vessel Interior Sampling/Monitoring: Date: Date: Time: Time: _____ Record Readings: Lab Name: Analytical Date: Tank/Vessel Release: Date:

Off-site Facility Name:

Manifest/Bill of Lading:

Shipping Date:

^{**}Attach Photos

TANK/VI	ESSEL CLOSUF	RE PROCEDUR	E	DKE	Form TVC-1
INSTRUCTIONS: (Complete all sections,	print name, sign, an	d date - sub	mit to Oper	ations Supervisor
Supervisor:	(print name)		(signature)		(date)
Employees	(print name)	1	(Signature)	1	(uate)
Employee:	(print name)	<u> </u>	(signature)	L.	(date)
Employee:	(print name)		(signature)		(date)
Fundamen	(print name)	1	(Signature)	Ī	(date)
Employee:	(print name)		(signature)		(date)
Tank/Vessel Data/Se	rvice:				
Tank/Vessel #:	C-7	711			
Diameter (feet):	2	.3			
Height (feet):	8	.7			
	4	-7			
	Caustic scrubber	- Organic System			
Other Service:			_		
Tank Bottom Design:		lat / Dish one)			
				Z	I D Alia adia
Closure:		Rinsate Volume:		ranster/D	isposal Destination:
		Rinsate Volume: Gallons:	······································		•
		Gallons:		Date: _	
				Date: _ Tank #: _	
Date Emptied:		Gallons: Date:		Date: _ Tank #: _ Vessel: _	
Date Emptied: Waste Volume: Liquid Gallons:		Gallons: Date: Chain of Custody:		Date: _ Tank #: _ Vessel: _	
Date Emptied: Waste Volume: Liquid Gallons:		Gallons: Date: Chain of Custody: Date:		Date: _ Tank #: _ Vessel: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids:		Gallons: Date: Chain of Custody: Date:		Date: _ Tank #: _ Vessel: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids:		Gallons: Date: Chain of Custody: Date:		Date: _ Tank #: _ Vessel: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior	Sampling/Monitoring	Gallons: Date: Chain of Custody: Date: If Monito	ring w/FID:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Date:	Sampling/Monitoring	Gallons: Date: Chain of Custody: Date:	ring w/FID: Date:	Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Date: Time:	Sampling/Monitoring	Gallons: Date: Chain of Custody: Date:	ring w/FID: Date: Time:	Date: _ Tank #: _ Vessel: _ Facility: _	
Vaste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Date: Time: Lab Name:	Sampling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monito	ring w/FID: Date:	Date: _ Tank #: _ Vessel: _ Facility: _	
Vaste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Date: Time: Lab Name:	Sampling/Monitoring	Gallons: Date: Chain of Custody: Date: If Monito	ring w/FID: Date: Time:	Date: _ Tank #: _ Vessel: _ Facility: _	
Vaste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Date: Time: Lab Name:	Sampling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monito	ring w/FID: Date: Time:	Date: _ Tank #: _ Vessel: _ Facility: _	
Vaste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Date: Lab Name: Analytical Date: Tank/Vessel Release	Sampling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monito	ring w/FID: Date: Time: rd Readings:	Date: _ Tank #: _ Vessel: _ Facility: _	
Vaste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Date: Lab Name: Analytical Date: Tank/Vessel Release	Sampling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monito	ring w/FID: Date: Time: rd Readings:	Date: _ Tank #: _ Vessel: _ Facility: _	
Vaste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Date: Lab Name: Analytical Date: Tank/Vessel Release Off-site Fa	Sampling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monito	ring w/FID: Date: Time: rd Readings:	Date: _ Tank #: _ Vessel: _ Facility: _	

**Attach Photos

TANK/VESSEL CLOSURE PROCEDURE				DKE Form TVC-1	
INSTRUCTIONS: Cor	mplete all sections,	print name, sign, ar	nd date - sub	mit to Operatio	ons Supervisor
Supervisor:		1		1	
- Cupervisor:	(print name)		(signature)	1.	(date)
Employee:	(print name)		(signature)		(date)
Caralana a	(рин наше)	1	(Signature)	ı	(ddio)
Employee:	(print name) ((signature)	(signature) (date)	
Employee:	(print name)		(signature)	***************************************	(date)
Tank/Vessel Data/Service	ce:				
Tank/Vessel #:	D-7	707			
Height (feet):			sturit		
Initial Capacity (gal):	55		••••		
	Caustic recirculation/Bleed Drum				
Other Service:			****		
Tank Bottom Design:	Cone / F	flat / Dish e one)			
Closure:		Rinsate Volume:		Transfer/Disp	osal Destination
Date Emptied:	Gallons:				
		Date:			
Waste Volume:				Vessel:	
Liquid Gallons:		Chain of Custody:		Facility:	
То:		Date:			
Solids:	····	_			
Tank/Vessel Interior Sa	mpling/Monitoring:	: If Monito	oring w/FID:		
Date:	······	-	Date:		
			Time:		
			ord Readings:		<u></u>
Analytical Date:		-			
Tank/Vessel Release:					
Ott. 11 - E - 101	Date:				
Manifest/Bill o	т ∟adıng:				

Shipping Date:

^{**}Attach Photos

INSTRUCTIONS: Co	mplete all sectio	ns, print name, sign,	and date - sub	mit to Oper	ations Supervisor	
Supervisor:		***		1		
	(print nar	ne)	(signature)		(date)	
Employee:						
	(print name)		(signature)		(date)	
Employee:	(print nar	me)	(signature)	<u> </u>	(date)	
Employee	(print rice)	,.c, I	(eignature)	Ī	(Care,	
Employee:	(print nar	ne)	(signature)		(date)	
Tank/Vessel Data/Serv	ice:					
Tank/Vessel #:		D-709				
						
Initial Capacity (gal): _						
		up (Reagent) to C-711				
Other Service:		<u> </u>				
Tank Bottom Design:	Cone /	Flat / Dish circle one)				
Closure:		Rinsate Volume:		Transfer/D	isposal Destination	
Date Emptied: _		Gallons:		Date: _		
		Date:		Tank #:_		
Waste Volume:				Vessel: _		
Liquid Gallons:	,	Chain of Custody	:	Facility: _		
To:		Date:				
Solids:		***************		_		
Tank/Vessel Interior Sa	. •	•	itoring w/FID:			
				·		
			cord Readings:			
Analytical Date: _						
Tank/Vessel Release:						
	Date:					
Off-site Facil						
	of Lading:					
	oing Date:					

**Attach Photos

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Vapor Recover System (TOX-700, C-711, D-707, D-709)

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Туре	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Pumps									Ancillary Equipment Interior Sampling/Monitoring:
AP-704	34x½x3			Ĭ	Caustic Solution Circulation Pump				
AP-705	1x1			Air Diaphragm	Causti bleed pump				Start Date:
AP-706	1,000 CFM			Centrifugal	Caustic scrubber Exhaust Blower				Start Time:
AP-707	3/8x3/ 8				pH Control - Caustic injection				Lab Name:
AP-708	3,000 CFM			Centrifugal	Thermal Oxidizer air blower				Analytical Date:
Valves				pro, 17 Fi					If Monitoring w/FID:
	4"			<u> </u>	Process Vent				Start Date:
	3"			Ball	Process Vent				Start Time:
	2			Ball	Process Vent				Record Readings:
Flanges	0"				O a mula la a mula la t				
	8"				Scrubber inlet				Ancillary Equipment Release:
	4"		:		Scrubber outlet/TOX inlet				Date:
	3"				Process vent connections				Off-site Facility Name:
	2"				Process vent connections				Manifest/Bill of Lading:
Pipeline]								Shipping Date:
	8"			Process	Scrubber inlet				
	4"			Exhaust	Scrubber outlet				
	3"		1	Process	Process vent				
<u> </u>	2"			Process	Process vent				
	1"			Process	Caustic circulation				

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Vapor Recovery System (C-710, D-706, D-708)

AP-701 1x1 AP-702 1,000 CFM AP-703 3/8x3/ 15 8 Valves 4" 2 Flanges 8" 4" 3" 2" Pipeline 8"	26 45		TDH Type	Description	Complete ? Y or N	Volume (Decon Volume)	Transfer/ Disposal Destination	
AP-701								Ancillary Equipment Interior Sampling/Monitoring:
AP-702 1,000 CFM AP-703 3/8x3/ 15 8 Valves 4" 3" 2 Flanges 8" 4" 2" Pipeline 8"	45	4x½x3	Centrifuga 15	Circulation Pump				
CFM AP-703 3/8x3/ 15 8			100 Air Diaphragr					Start Date:
8		CFM	Centrifuga	Exhaust Blower				Start Time:
4" 3" 2 Flanges 8" 4" 3" 2" Pipeline 8"	15 GPD		100 Metering Pump	pH Control - Caustic injection				Lab Name:
3" 2 Flanges 8" 4" 3" 2"								Analytical Date:
2			Butterfly	Process Vent				If Monitoring w/FID:
Flanges 8" 4" 3" Pipeline 8"		3"	Ball	Process Vent				Start Date:
8" 4" 3" 2" Pipeline 8"		2	Ball	Process Vent				Start Time:
2" Pipeline 8"			<u> </u>				1	Record Readings:
Pipeline 8"		8"		Scrubber inlet				
Pipeline 8"		4"		Scrubber outlet				Ancillary Equipment Release:
Pipeline 8"				Process vent connections				Date:
8"		2"		Process vent connections				Off-site Facility Name:
								Ivianitest/Bill of Lading:
8.0			Process	Scrubber inlet				Shipping Date:
4		4"	Exhaust	Scrubber outlet				
3"			Process	Process vent				
2"		2"	Process	Process vent				
1"		1"	Process	Caustic circulation				

Page 1 of 2

BULK REAGENT

TANK/VESSEL CLOSURE PROCEDURE DKE Form TVC-1 INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor:						
	(print r	name)		(signature)		(date)
Employee:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/-!		(date)
	(print r	name)		(signature)		(uale)
Employee:	(print r	name)		(signature)	L_	(date)
Employees	\p			(9 /	1	, ,
Employee:	(print name)			(signature)	L	(date)
Tank/Vessel Data/Service						
Tank/Vessel #:		T-726				
Diameter (feet):	······					
Height (feet):		9.83	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		
Initial Capacity (gal):		2,700		_		
Primary Service:		Reagent		-		
Other Service:		······································		_		
Tank Bottom Design:	Cone	/ (Flat) / Dis	h	_		
· ·		(circle one)				
Closure:		Rinsate Vo	olume:		Transfer/Dis	sposal Destination:
Date Emptied:		Gallons:			Date:	
		Date:			Tank #:	
Waste Volume:					Vessel:	
Liquid Gallons:		Chain of C	custody:		Facility:	
To:		Date:				
Tank/Vessel Interior Sa	mpling/Monito	oring:	If Monito	ring w/FID:		
Date:						
Time:						
Lab Name:			Reco	rd Readings:	·····	····
Analytical Date:		***************************************				
Tank/Vessel Release:						
	Date:	-	_			
Off-site Facili						
Manifest/Bill o	f Lading:					
Shipp	ing Date:		_			

^{**}Attach Photos

TANK/VES	DKE Form TVC-1				
INSTRUCTIONS: Con	nplete all sections,	print name, siç	ın, and date - sub	mit to Opera	ations Supervisor
Supervisor:			(signature)		(date)
	(print name)	1	(signature)	1	(uate)
Employee:	(print name)		(signature)		(date)
Employee:					
	(print name)		(signature)		(date)
Employee:	(print name)		(signature)		(date)
Tank/Vessel Data/Service	e:				
Tank/Vessel #:	T-7	27			
Diameter (feet):	7.	5			
Height (feet):	9.8	33			
Initial Capacity (gal):	2,7	00	<u> </u>		
Primary Service:		gent			
Other Service:			·····		
Tank Bottom Design:	Cone / F				
Closure:		Rinsate Volum	e:	Transfer/D	sposal Destination:
Date Emptied:		Gallons:			
		Date:			
Waste Volume:				Vessel:_	<u>.</u>
Liquid Gallons:		Chain of Custo	ody:	Facility: _	
		Date:			
Solids:		ı		_	
To:					
Tank/Vessel Interior Sa	mpling/Monitorina:	ıf M	onitoring w/FID:		
			Date:		
			Record Readings:		
Tank/Vessel Release:					
	Date:				
	y Name:				
	f Lading:				
Shippi	ng Date:				

^{**}Attach Photos

TANK/VESSEL CLOSURE PROCEDURE **DKE Form TVC-1** INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor Supervisor: (date) (print name) (signature) Employee: (date) (print name) (signature) Employee: (date) (signature) (print name) Employee: (signature) (print name) Tank/Vessel Data/Service: Tank/Vessel #: T-741 7.5 Diameter (feet): 9.83 Height (feet): Initial Capacity (gal): _____ 2,700 Primary Service: Reagent Other Service: Cone / (Flat) / Dish Tank Bottom Design: (circle one) Transfer/Disposal Destination: Rinsate Volume: Closure: Date: Gallons: _ Date Emptied: Tank #:_____ Date: Vessel: Waste Volume: Liquid Gallons: _____ Chain of Custody: Facility: Date: То: Solids: To: If Monitoring w/FID: Tank/Vessel Interior Sampling/Monitoring: Date: Date: Time: _____ Time: Record Readings: Lab Name: Analytical Date: Tank/Vessel Release:

Date: _____

Manifest/Bill of Lading:

Shipping Date:

Off-site Facility Name:

^{**}Attach Photos

DKE Form TVC-1

INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor Supervisor: (signature) (date) (print name) Employee: (date) (print name) (signature) Employee: (date) (print name) (signature) Employee: (date) (signature) (print name) Tank/Vessel Data/Service: Tank/Vessel #: T-791 10 Diameter (feet): 10.33 Height (feet): Initial Capacity (gal): 5,000 Reagent Primary Service: Other Service: Cone / (Flat) / Dish Tank Bottom Design: (circle one) Rinsate Volume: Transfer/Disposal Destination: Closure: Gallons: Date Emptied: Tank #: _____ Date: Vessel: Waste Volume: Liquid Gallons: _____Chain of Custody: Facility: Date: То:____ Solids: To: ____ If Monitoring w/FID: Tank/Vessel Interior Sampling/Monitoring: Date: Date: _____ Time: Time: Record Readings: Lab Name: Analytical Date: Tank/Vessel Release: Date: Off-site Facility Name: Manifest/Bill of Lading: Shipping Date:

^{**}Attach Photos

DKE Form TVC-1 TANK/VESSEL CLOSURE PROCEDURE INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor Supervisor: (signature) (print name) Employee: (date) (signature) (print name) Employee: (date) (signature) (print name) Employee: (date) (signature) (print name) Tank/Vessel Data/Service: Tank/Vessel #: T-792 Diameter (feet): 8.5 10.33 Height (feet): Initial Capacity (gal): 3,750 Primary Service: Reagent Other Service: Cone / (Flat) / Dish Tank Bottom Design: (circle one) Transfer/Disposal Destination: Rinsate Volume: Closure: Gallons: Date Emptied: Tank #: _____ Vessel: Waste Volume: Liquid Gallons: _____Chain of Custody: Facility: Date: To: ______ Solids: _______ To: _____ Tank/Vessel Interior Sampling/Monitoring: If Monitoring w/FID: Date: Date: _____ Time: Time: _____ Record Readings: Lab Name: _____ Analytical Date:

Tank/Vessel Release:

Shipping Date:

^{**}Attach Photos

INSTRUCTIONS: CO	mplete all sections, print name, s	sigii, ailu uate - sut	mili to opei	ations Supervisor	
Supervisor:				<i>,</i>	
	(print name)	(signature)	1	(date)	
Employee:	(print name)	(signature)		(date)	
Employe o	(8)	(0.9	1	, ,	
Employee:	(print name)	(signature)	I	(date)	
Employee:	1				
	(print name)	(signature)		(date)	
Tank/Vessel Data/Servi	ce:				
Tank/Vessel #:	T-793				
Diameter (feet):	7.5	www.aan			
Height (feet):	8.58				
Initial Capacity (gal):	2,560	·······························			
Primary Service:	Reagent	·····			
Other Service:		······································			
Tank Bottom Design:	Cone / Flat / Dish (circle one)				
Closure:	Rinsate Volu			isposal Destination	
Date Emptied:	Gallons:				
	Date:		_		
Waste Volume:					
	Chain of Cus				
			-		
			-		
To:					
Tank/Vessel Interior Sa	mpling/Monitoring: If	Monitoring w/FID:			
		-			
		Record Readings:			
Tank/Vessel Release:					
<u></u>	Date:				
Off-site Facili	ty Name:				
Manifest/Bill o	of Lading:ing Date:				

**Attach Photos

Ancillary Equipment Closure Procedure - DKE Form TVC-1A HWMU: Bulk Reagent Tank System

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination	
Pumps									Ancillary Equipment Interior Sampling/Monitoring:
CP-1100	1x1	45	100	Air Diaphragm	Process Reagent Transfer Pump				
CP-1101	1x1	45	100	Air Diaphragm	Process Reagent Transfer Pump				Start Date:
CP-1102	1x1	45	100		Process Reagent Transfer Pump				Start Time:
CP-1103	1½ x1¼ x4	38	26	Centrifugal	Process Reagent Transfer Pump				Lab Name:
Valves									Analytical Date:
	3"			Ball	Reagent tanks fill line block valve				If Monitoring w/FID:
	2"			ball	Reagent tanks outlet block valve				Start Date:
	1"			ball	Reagent transfer line block valves				Start Time:
	1/2"			ball	Reagent transfer pump sample spigot				Record Readings:
Flanges									
	3"				Reagent fill line connection				Ancillary Equipment Release:
	2"				Reagent pumps suction line				Date:
	1ª				Reagent pumps discharge & transfer				Off-site Facility Name:
Pipeline		<u> </u>	 						Manifest/Bill of Lading:
	3"			Chemical transfer	Reagent fill line		-		Shipping Date:
	2"			Process	Reagent pumps suction				
	1"			Process	Reagent transfer				
	1/2"	1		Process	Reagent injection				Page 1 of

D/K Environmental - Ancillary Equipment Closure Procedure

DKE Form TVC-1A

Rev. (2-06)

SUMPS

INSTRUCTIONS: Con	nplete all sections, p	orint name, sign, an	ıd date - sub	mit to Opera	ations Supervisor
Supervisor:		1		i	
	(print name)	<u>_</u>	(signature)		(date)
Employee:			/-!		(4242)
	(print name)	1	(signature)		(date)
Employee:	(print name)		(signature)		(date)
Employee:	,	1	. • .	1	, ,
	(print name)	<u> </u>	(signature)		(date)
Tank/Vessel Data/Service	e:			 	
Tank/Vessel #:	Sump	5			
Diameter (feet):		6.75			
Height (feet):	n/a		_		
Initial Capacity (gal):	6,57	9			
Primary Service:	Non-Haz Wa	astewater			
Other Service:	***************************************				
Tank Bottom Design: Cone / Flat / Dish (circle one)					
Closure:	F	Rinsate Volume:		Transfer/Di	sposal Destination:
Date Emptied:		Gallons:			
		Date:			
Waste Volume:					
· · · · · · · · · · · · · · · · · · ·		Chain of Custody:			
		Date:		_	
				_	
To:					
Tank/Vessel Interior Sar	mpling/Monitoring:	If Monito	ring w/FID:		
			Date:		
		Recor	rd Readings:		
Tank/Vessel Release:					
	Date:				
Off-site Facilit	y Name:				
	Lading:				
Shippi	ng Date:				

**Attach Photos

TANK/V	DKE Form TVC-1				
INSTRUCTIONS:	Complete all sections	, print name, s	ign, and date - sub	mit to Oper	ations Supervisor
Supervisor:	(print name)		(signature)		(date)
Employee:	(print name)		(signature)		(date)
Employee:	· · · · · · · · · · · · · · · · · · ·	1	, ,	İ	
	(print name)		(signature)		(date)
Employee:	(print name)	<u> </u>	(signature)		(date)
Tank/Vessel Data/Se	rvice:				
Tank/Vessel #	:Sump 10) (PP-010)			
Diameter (feet):	:6	x 6			
Height (feet):	:r	n/a			
		885			
		ewater			
Other Service					
Tank Bottom Design:		Flat / Dish le one)			
Closure:		Rinsate Volu	me:	Transfer/D	isposal Destination:
Date Emptied	:	_ Gallons:		Date:	
		Date:		Tank #:_	
Waste Volume:				Vessel:_	
Liquid Gallons	:	Chain of Cus	tody:		
				_	
	•				
		_		_	
То				-	
				_	
Tank/Vessel Interior	:Sampling/Monitoring		Monitoring w/FID:		
Tank/Vessel Interior	: Sampling/Monitoring :		Date:	_	
Tank/Vessel Interior Date Time	:Sampling/Monitoring :	- :	Date: Time:		
Tank/Vessel Interior Date Time	: Sampling/Monitoring :	- :	Date:		
Tank/Vessel Interior Date Time Lab Name	:Sampling/Monitoring :	- : ff -	Date: Time:		
Tank/Vessel Interior Date Time Lab Name	Sampling/Monitoring : : : :	: If	Date: Time:		
Tank/Vessel Interior Date Time Lab Name Analytical Date Tank/Vessel Release	Sampling/Monitoring : : : : : : : : : : : : : : : : : : :	: If	Date: Time: Record Readings:		
Tank/Vessel Interior Date Time Lab Name Analytical Date Tank/Vessel Release Off-site Fa	: Sampling/Monitoring : : : : : : : : : : : : : : : : : : :	:	Date: Time: Record Readings:		
Tank/Vessel Interior Date Time Lab Name Analytical Date Tank/Vessel Release Off-site Fa	Sampling/Monitoring : : : : : : : : : : : : : : : : : : :	: If	Date: Time: Record Readings:		

^{**}Attach Photos

CONTAINMENT AREAS

TANK/VES	DKE Form TVC-1				
INSTRUCTIONS: Cor	mplete all sections,	print name, sign, a	nd date - subi	nit to Opera	itions Supervisor
Supervisor:	(print name)		(signature)		(date)
Employee:	(print name)		(signature)		(date)
Employee:	(print name)		(signature)		(date)
Employee:	(print name)		(signature)		(date)
Tank/Vessel Data/Service	ce:				
* *	Containme	ent Area A			
Initial Capacity (gal):					
·					
Other Service:					
Tank Bottom Design:	Cone / Fl (circle				
Closure:		Rinsate Volume:		Transfer/Di	sposal Destination:
Closure: Date Emptied:					•
Closure: Date Emptied:		Gallons:		Date:	
Date Emptied:				Date: _ Tank #: _	
Date Emptied: Waste Volume:		Gallons:		Date: _ Tank #: _ Vessel: _	sposal Destination:
Date Emptied: Waste Volume: Liquid Gallons:		Gallons: Date: Chain of Custody:		Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To:		Gallons: Date: Chain of Custody: Date:		Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids:		Gallons: Date: Chain of Custody: Date:		Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids:		Gallons: Date: Chain of Custody: Date:		Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To:		Gallons: Date: Chain of Custody: Date:		Date: _ Tank #: _ Vessel: _ Facility: _	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa	ımpling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monite	oring w/FID:	Date: Tank #: _ Vessel: _ Facility: _ -	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date:	ımpling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monite	oring w/FID: Date:	Date: _ Tank #: _ Vessel: _ Facility: _ -	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time:	impling/Monitoring:	Gallons: Date: Chain of Custody: Date:	oring w/FID: Date:	Date: Tank #: Vessel: Facility: -	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time: Lab Name:	ımpling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monite Reco	oring w/FID: Date: Time:	Date: Tank #: Vessel: Facility: -	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time: Lab Name:	ımpling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monite Reco	oring w/FID: Date: Time:	Date: Tank #: Vessel: Facility: -	
Date Emptied: Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time: Lab Name: Analytical Date:	ımpling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monito	oring w/FID: Date: Time:	Date: Tank #: Vessel: Facility: -	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time: Lab Name: Analytical Date: Tank/Vessel Release:	impling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monite Reco	oring w/FID: Date: Time: ord Readings:	Date: Tank #: Vessel: Facility: -	
Waste Volume: Liquid Gallons: To: Solids: To: Tank/Vessel Interior Sa Date: Time: Lab Name: Analytical Date: Tank/Vessel Release: Off-site Facilia	impling/Monitoring:	Gallons: Date: Chain of Custody: Date: If Monito	oring w/FID: Date: Time: ord Readings:	Date: Tank #: Vessel: Facility: -	

^{**}Attach Photos

INSTRUCTIONS: Co	mplete all sections	s, print name, sign, ar	nd date - sub	mit to Opera	ations Supervisor
Supervisor:		1		1	
	(print name)		(signature)		(date)
Employee:	(print name)		(signature)		(date)
Employees	(print ricino)	, 	(0.9)	1	(44.0)
Employee:	(print name))	(signature)	l	(date)
Employee:		#			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(print name)) 	(signature)		(date)
Tank/Vessel Data/Servi		_			
	Containn		_		
Initial Capacity (gal):					
Other Service:					
Tank Bottom Design:	Cone /	Cone / Flat / Dish			
, a.m. Bottom Boolg		ele one)			
Closure:		Rinsate Volume:		Transfer/Di	sposal Destination:
Date Emptied:		Gallons:		Date: _	
		Date:			
Waste Volume:				Vessel: _	
				••••	
				•	
To:					
	/BB 24 22	14.55	ving w/EID:		
Tank/Vessel Interior Sa		-	ring w/FID: Date:		
Time:		_			
			rd Readings:		
			.		
Tank/Vessel Release:					
Tanny 100001 Holouse.	Date:				
Off-site Facili					
Manifest/Bill o	of Lading:				
	ing Date:				

**Attach Photos

TANK/VESS	EL CLOSURE PRO	CEDURE	DKE FO	orm IVC-1
INSTRUCTIONS: Comp	elete all sections, print name	e, sign, and date - sul	omit to Operati	ons Supervisor
0	ı	1	1	
Supervisor:	(print name)	(signature)		(date)
Employee:				
· · · · · · · · · · · · · · · · · · ·	(print name)	(signature)		(date)
Employee:	(print name)	(signature)		(date)
Employee:	,,,,	, 	1	
	(print name)	(signature)		(date)
Tank/Vessel Data/Service				
Tank/Vessel #:	Containment Area C			
Diameter (feet):		············		
Height (feet):		,		
Primary Service:				
Other Service:				
Tank Bottom Design:	Cone / Flat / Dis (circle one)	h		
Closure:	Rinsate Vo	olume:	Transfer/Disp	osal Destination
Date Emptied:	Gallons:			
	Date:			
Waste Volume:				
Liquid Gallons:	Chain of C	Custody:	Facility:	
To:	Date:		-	
Solids:				
To:				
Tank/Vessel Interior Samp	oling/Monitoring:	If Monitoring w/FID:		
·		-		
		Record Readings		
Analytical Date:				
Tank/Vessel Release:			W	
	Date:			
Off-site Facility I	Name:			
	ading:			

Shipping Date:

^{**}Attach Photos

DKE Form TVC-1

INSTRUCTIONS: Complete all	sections, print name, sign, ar	nd date - subi	nit to Opera	itions Supervisor
Supervisor:	1			
(7	orint name)	(signature)		(date)
Employee:	orint name)	(signature)		(date)
		(0.5)	1	()
Employee:(i	orint name)	(signature)		(date)
Employee:				
()	print name)	(signature)		(date)
Tank/Vessel Data/Service:				
Tank/Vessel #:	Containment Area D	_		
Diameter (feet):				
Height (feet):				
Initial Capacity (gal):				
Primary Service:				
Other Service:				
Tank Bottom Design: Co	one / Flat / Dish (circle one)			
Closure:	Rinsate Volume:			sposal Destination:
Date Emptied:				
	Date:			
Waste Volume:				
Liquid Gallons:			Facility:	
То:			_	
Solids:				
То:	mean are see an area area.			
Tank/Vessel Interior Sampling/Mo	onitoring: If Monitor	oring w/FID:		
Date:	***************************************	Date:		
Time:		Time:		
Lab Name:		ord Readings:		
Analytical Date:				
Tank/Vessel Release:				
		Marine .		
Manifest/Bill of Lading: _				
Chinning Date:				

**Attach Photos



BANK OF AMERICA - CONFIDENTIAL

PAGE: 1

DATEN: APRIL 27, 2007

AMENDMENT TO IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 3009169

AMENDMENT NUMBER 13

ISSUINC BANK
BANK OF AMERICA, N.A.
1000 W. TEMPLE STREET
7TH FLOOR, CA9-705-07-05
LOS ANGELES, CA 90012-1514

BENEFICIARY DIRECTOR, DEPARTMENT OF TOXIC SUBSTANCES CONTROL FINANCIAL RESPONSIBILITY UNIT 8800 CAL CENTER DRIVE APPLICANT

D/K ENVIRONMENTAL

3650 E. 26TH STREET

LOS ANGELES, CA 90023

SACRAMENTO, CA 95826

THIS AMENDMENT IS TO BE CONSIDERED AN INTEGRAL PART OF THE ABOVE CREDIT AND MUST BE ATTACHED THERETO.

THE ABOVE MENTIONED CREDIT IS AMENDED AS FOLLOWS:

THE AMOUNT OF THIS CREDIT HAS BEEN INCREASED BY USD 25,649.00 THE AGGREGATE AMOUNT OF THE CREDIT IS NOW USD 941,684.92

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS AMENDMENT, PLEASE CALL 213-481-7843.

AUTHORIZED SIGNATURE

THIS DOCUMENT CONSTSTS OF 1 PAGE(S).

CHERYL JEFFERSON

ORIGINAL

US-17-1486D 7-2000

2135808445

PAGE. 02